

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560516

FILING DATE

06.5.06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 1 <sup>st</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
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36			1			
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40						
41			1			
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48						
49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		19	←		←
TOTAL CLAIMS			22			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 3 <sup>rd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

Charlita Burt

BEST AVAILABLE COPY